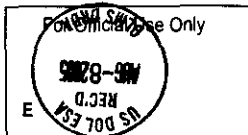


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5288</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Patrick</u> <u>Loomis</u> P.O. Box, Bldg., Room No., if any Street <u>6853 Picture Lake</u> City <u>Hamburg</u> State <u>New York</u> ZIP Code + 4 <u>14075</u>	4. Name, file number, and address of labor organization. Name <u>U.A. Plumbers AFL-CIO Local 22</u> Labor Organization File Number <u>540-839</u> P.O. Box, Building and Room Number, if any Street <u>3651 California Road</u> City <u>Orchard Park</u> State <u>New York</u> ZIP Code + 4 <u>14127</u>
5. Position in labor organization. <u>Member of Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patrick Loomis

On

7/31/05  
Date

(716) 662-3952

Telephone Number

Name of Person Filing Patrick Loomis

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Plumbers &amp; Steamfitters Loc 22 Health Fd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3900 Packard Road

City Niagara Falls

State New York

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plumbers &amp; Steamfitters Loc 22 Health Fd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3900 Packard Road

City Niagara Falls

State New York

ZIP Code + 4 14303

## 11.a. Nature of such dealing.

Union Officer who was reimbursed expenses as a Trustee of related Health, Pension and Annuity Funds.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

All payments for reimbursed expenses and lost wages are for time spent as a Trustee of related benefit funds. Conference expenses were for the International Foundation of Employee Benefit Plans (IFEBCP) in Orlando Florida Feb 14 through Feb 16, 2004.

## 12.b. Amount.

\$3,843

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

## 14.b. Amount of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

Name of Person Filing Patrick Loomis

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Key Corp.

Trade Name, if any: Victory Capital Management Division

P.O. Box, Bldg., Room No., if any 16th Floor

Street 50 Fountain Plaza

City Buffalo

State New York ZIP Code + 4 14202

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plumbers &amp; Steamfitters Loc 22 Pension Fd.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3900 Packard Road

City Niagara Falls

State New York ZIP Code + 4 14303

## 11.a. Nature of such dealing.

Victory Capital Management Division of Key Corp. is one of the investment managers for Plumbers & Steamfitters Local 22 Pension and Health Funds.

## 11.b. Approximate dollar value of such dealing.

\$114,000

## 12.a. Nature of interest held or income received.

Tickets to sporting events. See attached

## 12.b. Amount.

\$155

Patrick Loomis

File Number - None

Fiscal Year Ended - December 31, 2004

Supporting Schedule to Part B (1st), Item 12b Form LM-30

<u>Date of Payment</u>	<u>Amount of Payment</u>	<u>Description</u>
1/16/2004	\$ 213.00	Reimbursement for lost wages 1/16/04 Trustee Meeting (8 hours)
2/20/2004	\$ 213.00	Reimbursement for lost wages 2/20/04 Trustee Meeting (8 hours)
2/22/2004	\$ 855.00	IFEPB Conference registration
2/22/2004	\$ 193.00	IFEBP - conference expense - airfare
2/22/2004	\$ 239.00	IFEBP - conference expense - meals
2/22/2004	\$ 12.00	IFEBP - conference expense - tips
2/22/2004	\$ 39.00	IFEBP - conference expense - transportation & parking
2/22/2004	\$ 729.00	IFEBP - conference expense - hotel
3/5/2004	\$ 107.00	Reimbursement for lost wages 3/05/04 Trustee Meeting (4 hours)
3/19/2004	\$ 107.00	Reimbursement for lost wages 3/19/04 Trustee Meeting (4 hours)
3/31/2004	\$ 262.00	Fringe benefits due on lost wages 01/01/04 to 03/31/04
5/14/2004	\$ 218.00	Reimbursement for lost wages 3/19/04 Trustee Meeting (4 hours)
9/29/2004	\$ 160.00	Reimbursement for lost wages 9/29/04 Trustee Meeting (6 hours)
11/12/2004	\$ 239.00	Reimbursement for lost wages 11/12/04 Trustee Meeting (8 hours)
11/30/2004	\$ 257.00	Fringe benefits due on lost wages 05/01/04 to 11/30/04
	<u>\$ 3,843.00</u>	

Supporting Schedule to Part B (2nd), Item 12b Form LM-30

4/2/2004	\$ 69.00	Ticket to Buffalo Sabres Hockey Game
10/3/2004	\$ 86.00	Two tickets to Buffalo Bills Football Game
	<u>\$ 155.00</u>	